

than males (74% versus 66%), and the gap for blacks surpassed that of whites (73% versus 68%). Black females manifested a larger lifetime treatment gap (76%) than the other sex-race groups -- that for white males was the smallest (67%) among the four groups. The magnitude of the lifetime treatment gap was unaffected by whether the main reason for the ER visit was injury or illness.

SUMMARY STATEWIDE STATISTICS WITH CONFIDENCE INTERVALS

Based on the estimated point prevalence, approximately one in five patients visiting Tennessee's hospital ERs needs AOD treatment (Table 27 and Figure 24). In acknowledgment of random sampling fluctuations, a more accurate representation of treatment need is provided through reporting the 95% confidence interval for each prevalence estimate. From a statistical standpoint, one can be 95% confident that the true point prevalence of treatment need falls within the range of 18% to 22%. Similarly, one can be 95% confident that the range from 93% to 98% contains the true point prevalence for the current treatment gap; that is, the percentage of Tennessee's ER patients who currently need AOD treatment and are not receiving it. Finally, the lower bound for the 95% confidence interval for the lifetime treatment gap is 64% and the upper bound is 74%.

Given the role of denial in self-reports of AOD use and dependence, as well as the refusal of 20% of the selected subjects to participate in the Tennessee Hospital Emergency Room Drug Study, respective point prevalences of the treatment need and current and lifetime treatment gaps for the Tennessee ER population are underestimates. In each instance the upper limit of the 95% confidence interval should more closely approximate the true prevalence than the lower limit.

The results show conclusively that AOD problems abound among Tennessee's ER population. AOD use, abuse and dependence are likely to underlie many ER visits, particularly for injury. Moreover, they have implications for the course of treatment prescribed by medical personnel, and the degree to which patients will comply with that treatment. Patients with AOD problems represent a social burden in far-reaching ways. The ER is a natural setting in which to screen for AOD use, abuse and dependence, and hence to identify patients who might benefit from treatment. However, for AOD screening protocols to be optimal, changes need to be made in health insurance coverage, access to AOD treatment facilities, and in the definition of what constitutes appropriate routine ER care.